

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO/

10/541901

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3		2				
4		2				
5		2		2		
6	1	2	1	2		
7		2		2		
8	1	2	X			
9	1	2				
10		2				
11		2				
12		2				
13	1	2				
14		2		2		
15	1		1			
16						
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50						
TOTAL IND.		↓	5	↓		↓
TOTAL DEP.		←	37	←		←
TOTAL CLAIMS			42			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						